



PREVIOUS INSPECTION _____

Sybil Brand Commission For Institutional Inspections

Courts _____ Jails _____ Probation Camps _____ Sheriff Stations _____

COMMISSIONER(S): _____ DATE _____

FACILITY NAME:	
ADDRESS:	
OFFICER IN CHARGE:	
ESCORT:	
CAPACITY:	

RATING: E = Excellent **G = Good** S = Satisfactory U = Unsatisfactory N/A = Not Applicable

ITEMS		RATING	COMMENTS
CLEANLINESS:	Kitchen		
	Showers		
	Toilets		
FOOD:			
TRUSTEE QUARTERS:			
LIGHTING:	Emergency		
	Regular		
MEDICAL SERVICE:			
TELEPHONE AVAILABILITY:			
ED/VOCATIONAL TRAINING:			
GRAFITTI:			
MAINTENANCE:	Building		
	Grounds		

PROBLEMS: _____

STAFFING LEVELS	ADEQUATE <input type="checkbox"/>	INADEQUATE <input type="checkbox"/>
LOCATION SPECIFIC & OTHER RELEVANT TRAINING	COMPLIANCE <input type="checkbox"/>	NON-COMPLIANCE <input type="checkbox"/>
FACILITY ORIENTATION CHECK OFF LIST FOR NEW AND OVERTIME EMPLOYEES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ALL RECENT USE OF FORCE (Last 30 days)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RECENT ASSAULT ON STAFF (Last 30 days)	YES <input type="checkbox"/>	NO <input type="checkbox"/> IF YES, HOW MANY?
IS THERE TURNOUT GEAR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS IT SIZE APPROPRIATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RADIO WORKS INSIDE FACILITY ADEQUATELY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
REPEATER(S) FUNCTIONING? (ANTENNA)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A-PHONE OPERABLE (COURTHOUSE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
APPROPRIATE FIRE CLEARANCE MAINTAINED (CAMPS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
UNFILLED BACK LOG ORDER(S) (MAINTENANCE/EQUIPMENT)	YES <input type="checkbox"/>	NO <input type="checkbox"/> LENGTH OF TIME?
PRIOR COMMAND INSPECTIONS	YES <input type="checkbox"/>	NO <input type="checkbox"/> DATE CONDUCTED
PRIOR GRAND JURY INSPECTION	YES <input type="checkbox"/>	NO <input type="checkbox"/> DATE CONDUCTED
PRIOR CUSTODY SUPPORT INSPECTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
JUVENILE JUDGES INSPECTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DEPARTMENT POLICY & PROCEDURES MANUAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TITLE 15 INFORMATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EVACUATION PLAN (POSTED)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SAFETY DRILLS CONDUCTED	YES <input type="checkbox"/>	NO <input type="checkbox"/> DATE CONDUCTED
FIRST AID KIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SUICIDE KIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FACILITY MEDICAL & DENTAL EQUIPMENT OPERABLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REPORT TO BOARD OF SUPERVISORS: YES _____ NO _____

REPORT TO DCFS: YES _____ NO _____ REPORT TO PROBATION DEPT: YES _____ NO _____

SPECIAL FOLLOW-UP: YES _____ NO _____

COMMENTS:

